

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Use of Trehalose for Stabilising A Liquid Vaccine

the specification of which is the same as PCT/FR00/00730.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

	<u>Number</u>	<u>Country</u>	<u>Day/Month/Year Filed</u>
1.	99/03765	France	23 March 1999
2.			

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

	<u>Application Number</u>	<u>Filing Date</u>
1.		
2.		

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

	<u>Application Number</u>	<u>Filing Date</u>
1.	PCT/FR00/00730	23 March 1999
2.		

I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and I direct that all correspondence be addressed to that Customer Number.

Customer Number: 020306

Principal attorney or agent: Michael S. Greenfield

Telephone number: 312-913-0001

Customer Number: 020306
 Principal attorney or agent: Michael S. Greenfield
 Telephone number: 312-913-0001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00

Full name of first inventor: Sandrine Lentsch Graf

Inventor's signature: Sandrine Lentsch Graf
 Residence: 10, rue Janin, F-69004 Lyon, France
 Citizenship: A Citizen of France
 Post Office Address: 10, rue Janin, F-69004 Lyon, France

Date: 1 September 2001

FRX

Full name of second inventor: **Jean René Cartier (deceased)**

Date: _____

Signed by: _____, Legal Representative of the Estate of Jean René Cartier

Inventor's Residence: 55, rue Juliot Curie, F-69005 Lyon, France
 Inventor's Citizenship: A Citizen of France
 Inventor's Post Office Address: 55, rue Juliot Curie, F-69005 Lyon, France

Representative's Residence: _____

Representative's Citizenship: A Citizen of _____

Representative's Post Office Address: _____